

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Cruz for President**

**A. Full Name (Last, First, Middle Initial)**

**JUDITH TURNER**

Mailing Address 420 HARDING AVENUE #405

City	State	Zip Code
COCOA BEACH	FL	32931-5612

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**BOOKKEEPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17.998354**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		26		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

**B. Full Name (Last, First, Middle Initial)**

**VIRGINIA TURNQUIST**

Mailing Address 10425 GARRISON ST

City	State	Zip Code
WESTMINSTER	CO	80021-3634

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.988704**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		26		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

20.00

**C. Full Name (Last, First, Middle Initial)**

**MR. CRAIG TUTTLE**

Mailing Address 310 S. INDIAN RD.

City	State	Zip Code
SCOTT CITY	KS	67871-6115

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**FARMER AND SOFTWARE DEVELOPER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1231.50

**Transaction ID : SA17.1001406**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		26		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

**Subtotal Of Receipts This Page (optional)**.....

320.00

**Total This Period (last page this line number only)**.....